

## EMPLOYEE OF THE YEAR FACT SHEET

---

*This information will be used by the Community Education Office to Develop a News Release  
Announcing Employee of the Year Winners*

Name of Regional Center: \_\_\_\_\_

Name of Employee of the Year: \_\_\_\_\_

Home Address: \_\_\_\_\_

Job Title/Location: \_\_\_\_\_

Number Years of State Service: \_\_\_\_\_

Number Years of DDSN Service: \_\_\_\_\_

Spouse: \_\_\_\_\_

No. of Children/Grandchildren: \_\_\_\_\_

**Please list membership in any religious, civic, professional or community organization that the winner wishes to be included in a Press Release. Please also note any offices held therein.**

\_\_\_\_\_

Educational degrees/Certificates/Special Training:

\_\_\_\_\_

**Additional comments from Facility Administrator or other appropriate supervisor or department head:**

\_\_\_\_\_

Name of person completing this form: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_